

POSITION	INITIALS	ID NO.	DATE
	<i>M G</i>		<i>9/6/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>20</i>	<i>9/13</i>
FORMALITY REVIEW		<i>71476</i>	<i>10/20/02</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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